

## Exhibit 4

**MetLife®**Group Life Claims  
P.O. Box 6100  
Scranton, PA 18505-6100  
1-800-638-6420**Life Insurance Claim Form****Claimant's Statement**

Claim #21105008858

For MetLife Use Only

Insured's Employer Name: DELL INCInsured Employee Name: John T. Zondor

Please note that original documents cannot be returned. In order to process your claim as quickly as possible we need some information about you and about the deceased. Each beneficiary must submit his or her own Claimant's Statement. Return this completed Claimant's Statement to the Employer or directly to MetLife, in accordance with the instructions you received with this form. Be sure to include a certified copy of the death certificate that indicates the cause and manner of death. A certified copy of the death certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. You can usually obtain one from the funeral director who handled the arrangements. Only one death certificate need be submitted.

**Additional Information if Beneficiary is a Minor:**

If no legal guardian is appointed to handle the minor's estate, a responsible adult should complete and sign the Claimant's Statement on behalf of the minor beneficiary. Be sure to complete Section A with information regarding the minor, not the party completing the form.

If a legal guardian of the minor child's estate has been or will be appointed, the guardian must complete and sign the Claimant's Statement. Be sure to include a copy of court-issued guardianship papers in the claim submission to MetLife.

**A. Information about the beneficiary:**

1 Your Name (please print or type) John T Zondor  
First Middle Initial Last

Maiden Name (if applicable) \_\_\_\_\_

2 Social Security No /TIN \_\_\_\_\_

3 Date of Birth \_\_\_\_\_ ☒ Male ☐ Female  
Mo Day Year

4 Phone Number Day (405) 919-0133 Evening (\_\_\_\_\_) OK  
(Area Code) (Area Code)

5 Fax Number (optional) (\_\_\_\_\_) OK  
(Area Code)

6 Mailing Address 1501 N.E. 11th  
House Number Street Name Apt/Box No (if any)  
Moore OK 73160  
City State Zip

7 Relationship to the deceased  
You are the ☒ Spouse ☐ Child ☐ Parent ☐ Other \_\_\_\_\_ Explain

8 If you have signed a document with a funeral home (a funeral home assignment) that authorizes MetLife to make a payment directly to it, please attach the document and check here ☒

**B. Information about the deceased**

1 His/Her Name Crystal Rachelle Zondor  
First Middle Initial Last

Maiden Name (if applicable) Cribson

2 Residence Address 1501 N.E. 11th  
House Number Street Name Apt/Box No (if any)  
Moore OK 73160  
City State Zip

3 Marital Status ☐ Single ☒ Married ☐ Widow/Widower ☐ Separated ☐ Divorced

4 Date of Birth \_\_\_\_\_  
Mo Day Year

5 Social Security No. \_\_\_\_\_

6 Certified copy of death certificate is ☒ attached (or was previously submitted) ☐ not attached.

If not attached, please explain \_\_\_\_\_

7 If the decedent also held an individual life insurance policy with MetLife, please provide the policy number \_\_\_\_\_

**Exhibit****4**

Insured Employee Name: John I Zonclor

### C. Total Control Account (TCA)

Our standard payment method is in the form of a Total Control Account. A personalized draftbook and a kit that includes information about your TCA will be sent to you if an Account is established. Your TCA will be guaranteed by MetLife and your TCA will be accessible to you when you need it.

### D. DELIVERING THE PROMISE (DTP)

If a MetLife DTP Specialist assisted you with this claim, you may elect to have your check mailed to the Specialist, who will deliver it to you. If you wish to have the proceeds mailed to your DTP Specialist, please check the appropriate box below. If no box is checked, the proceeds will be delivered directly to you.

☐ Deliver to DTP Specialist

DTP Specialist Name \_\_\_\_\_

District Agency Index (DAI) \_\_\_\_\_

DTP Specialist Address \_\_\_\_\_

☒ Deliver to Beneficiary

### E. Certifications and Signature:

By signing below, I acknowledge

1. All information I have given is true and complete to the best of my knowledge and belief.
2. I consent to the pro rata deduction of any contributions owed by the insured from insurance proceeds paid to me.
3. I have read the applicable Fraud Warning(s) provided in this form.

MetLife has the right to recover any amounts that it determines to be an overpayment. An overpayment occurs if MetLife determines that (a) the total amount paid by MetLife on your claim is more than the total amount of benefits due to you under the benefit plan/insurance certificate; or (b) MetLife made payment to you when the payment should have been made to someone else.

In case of an overpayment, I agree to repay MetLife the specifically overpaid funds. I further understand that if an overpayment is not repaid, MetLife reserves the right to rely on any means to recover the overpayment, including institution of litigation.

Under penalty of perjury, I certify:

- 1) That the number shown on this form is my correct taxpayer identification number; and
- 2) That I am not subject to IRS required backup withholding as a result of failure to report all interest or dividend income; and
- 3) I am a U.S. citizen, or a U.S. resident for tax purposes.

Please note: If item 2 or 3 above is not true, cross out the applicable item(s).

The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding.

Please sign below as you would sign on checks (include first and last name). If you are receiving a Total Control Account, this signature will be placed on file with your Account. If Beneficiary is a minor, the legal guardian or adult submitting this form must sign, not the minor.

John I Zonclor  
Claimant Signature

6-7-11  
Date Signed

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